# **EXHIBIT 1**

### PUBLIC VERSION OF ECF DOC NO. 576 NO REDACTIONS



# 2015 Client Advisory Board Meeting

Our New Frontier: Waste/Abuse/Fraud

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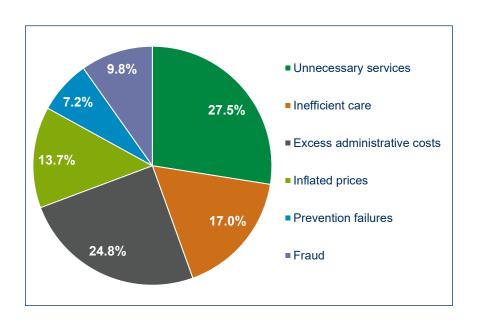




## MARS Acquisition by MultiPlan

### July 2014 acquisition helps clients address a critical healthcare payments issue

- → Abuse and fraud are estimated at an \$82-272 billion issue, with waste adding another \$476-992 billion
- → System wide, waste reduction could generate \$11 trillion in savings for all payers from 2011 to 2019
- Overall, 20 percent to 30 percent of health spending is "waste" that yields no benefit to patients



### MultiPlan now can address waste/abuse as part of normal claim/bill processing

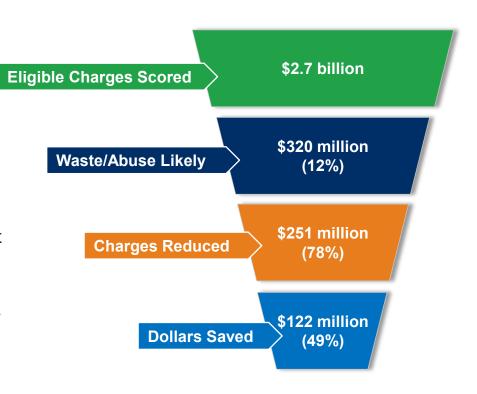
Sources: Institute for Medicine 2012, former CMS administrator Donald M. Berwick and RAND Corporation analyst Andrew D. Hackbarth



## **Our First Year of Operations**

### Achievements as of August 30, 2015

- → Launched Prepayment Waste/Abuse Resolution in November
  - → In production for commercial health
  - → Initial solution targets claims eligible for Negotiation Services – 90% of the volume now implemented
  - Performs a clinical or a financial negotiation on non-par claims, depending on waste/abuse score
- → Delivered \$122 million in savings in the first nine months
- → Increased analytics staff by over 200% -enables continuous refinements and higher throughput
- Developing requirements for Property & Casualty and a pre-pay solution tailored to the Government market





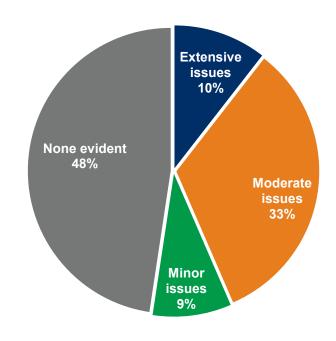
### What We're Learning

Over half of charges scored showed evidence of waste/abuse, with the top 15 service types accounting for 30% of the charges at issue

**Top 15 Service Types Ranked by Score** 

Service Type	% Total Charges
BACK – Multiple Procedures	3.5%
BREAST - Reconstruction	1.8%
BREAST – Reconstruction with Free Flap	2.1%
SKIN - Flap/Graft/Transfer	2.4%
GI - Obesity Procedures	1.9%
BACK - Cervical Laminectomy-otomy	0.3%
GI - Fundoplasty	0.7%
BREAST - Reconstruction Revision	0.7%
BACK - Spinal Neurostimulators	1.1%
BACK - Cervical Spinal Fusion	2.8%
NERV SYS - Intra-operative Monitoring	4.7%
BACK - Spinal Fusion	3.3%
BACK - Cervical Laminectomy-otomy W/Spinal Fusion	2.8%
BACK - Cervical Spinal Disc Procedures	0.8%
NERV SYS - Craniectomy-otomy-Excision	0.4%

# Charges Showing Potential Waste/Abuse





### What We're Learning

### We have been most successful resolving waste/abuse on claims with multiple complex procedures

Top 15 Service Types Ranked by Discount	Average Claim	Total Eligible Charges	Total Clinical Savings	Discount
GI-Fundoplasty	\$66,567	\$1,863,874	\$1,275,906	68.5%
Respiratory - Misc	\$50,160	\$1,053,366	\$673,027	63.9%
Female Genital - Misc	\$55,591	\$2,001,291	\$1,262,800	63.1%
BACK – Inject C/T Destroy Facet	\$26,754	\$1,016,658	\$619,477	60.9%
BACK - Cervical Laminectomy-otomy w/Spinal Fusion	\$88,316	\$6,005,471	\$3,576,649	59.6%
SHOULDER – Multiple Open/Closed Procedures	\$27,325	\$2,022,082	\$1,180,821	58.4%
BACK - Multiple Procedures	\$63,657	\$7,511,577	\$4,386,093	58.4%
BACK - Lumbar/Thoracic Spinal Disc Procedures	\$50,374	\$1,813,473	\$1,040,036	57.4%
BREAST - Reconstruction Revision	\$35,617	\$1,887,712	\$1,061,442	56.2%
HIP - Anes/Steroid Injection	\$18,519	\$1,351,858	\$760,094	56.2%
BACK - Lumbar/Thoracic Laminectomy-otomy w/Spinal Fusion	\$67,307	\$3,432,665	\$1,923,948	56.0%
BACK - Lumbar/Thoracic Spinal Fusion	\$63,440	\$3,045,105	\$1,689,617	55.5%
BACK - Inject L/S Destroy Facet	\$25,534	\$1,991,662	\$1,103,237	55.4%
NERV SYS – Autonomic Nerv Sys Testing	\$18,297	\$1,646,715	\$905,906	55.0%
BACK - Spinal Fusion	\$80,146	\$7,613,879	\$4,158,592	54.6%



#### About MultiPlan Waste/Abuse Resolution

Combines technology, analytics and expertise to address clinical waste/abuse before claims/bills are paid



**Case Selection**: Proprietary actuarial analytics and technology more accurately targets cases at the highest risk for clinical waste or abuse not found by traditional editing solutions



**Case Review**: Features specially-trained, licensed, board-certified and specialty-appropriate physicians -- as peers, they significantly increase provider confidence in the process



**Case Resolution**: Arms reviewers and negotiators with physician and coder review notes as well as peer-reviewed studies, local and national standards of practice, and expert consensus statements

## **Example #1 – Commercial Health**

Description	Type of Error: Medical	Documentation / Coding			
Description	Type of Procedure: Gastric Banding (Outpatient Surgical)				
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	Diagnoses, Morbio obo	esity, congenital hiatal hernia, esophageal re	IIUX		
Major Procedures	43770 Laparoscopi	c gastric restrictive device (e.g., band)	\$29,500		
	43289 Unlisted laps	aroscopic procedure, esophagus	\$25,000 (1)		
	43235 Upper GI en	doscopy, diagnostic	\$5,000 (2)		
Potential Issues	(1) Medical documentation concern and potential upcoding (non-CCI): hernia repair at the time of laparoscopic surgery requires documentation of medical necessity and is potentially subject to bundling or multiple procedure discounting.				
	(2) Diagnostic procedure performed at the time of surgery may be included in primary procedure unless clear indications for a separate procedure are documented				
Financial Information	Total Charges:	\$59,500			
	Charges With Concern	ns: \$30,000			

## Example #2 – Workers' Comp

Type of Error. Medical Documentation? Coding	Description	Type of Error: Medical Documentation / Coding
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Type of Procedure: SHOULDER - MULTIPLE ARTHROSCOPIES (ASC)

Diagnoses: Artic cartil dislocated shoulder, Bicipital tenosynovitis, Rotator cuff syndrome NOS, Rotator cuff dis NEC, Chondromalacia, Osteoarthros NOS-

shoulder

Major Procedures SHOULDER DEBRIDEMENT EXTENSIVE (29823) \$20,454 (2)

DISTAL CLAVICULECTOMY (29824) \$21,000

DECOMPRESSION OF SUBACROMIAL SPACE (29826) \$23,076 (1)

Potential Issues (1)

(1) The decompression procedure involves multiple components; need to review medical record to determine if all components were performed. Past experience indicates this is a high-error code.

(2) The shoulder debridement is a less extensive version of the distal claviculectomy;

only the more extensive procedure is reportable (CCI).

(3) Verify applicability of multiple procedure discounts

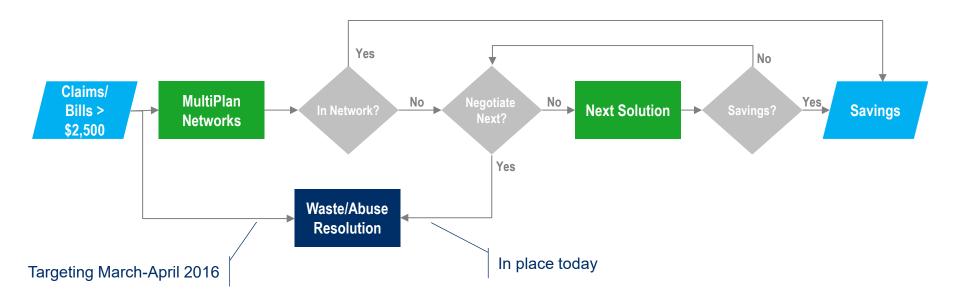
Financial Information Total Charges: \$64,530 Allowed: \$6,889.60

Dollars With Concerns: \$43,530 Expected: \$4,658



### **About MultiPlan Waste/Abuse Resolution**

Moving the process to the start of the solution hierarchy



We can also offer solutions for your primary PPO par claims/bills – on a pre-pay or post-pay basis



## **Next Speaker**

Eric Topol, M.D.